

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002679

STATE FILE NUMBER

AMENDED

 Registration District No. 207 Primary Registration District No. _____ Registrar's No. 7
FILED JAN 30 1962

1. PLACE OF DEATH a. COUNTY Maries				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Maries			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Vienna, Mo.			Length of stay in 1b 35yrs		c. CITY OR TOWN Vienna, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION His Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Sherman Middle E. Last Davis				4. DATE OF DEATH Month Jan. Day 22 Year 1962.			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/28/1884	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months 4 Days 24 Hours Min. 		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Dent County, Mo.		
12. CITIZEN OF WHAT COUNTRY U.S.A.							
13a. FATHER'S NAME James Davis			13b. MOTHER'S MAIDEN NAME Sarah Sherrell		14. NAME OF HUSBAND OR WIFE Mary Davis		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No.			16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address Mary Davis, Vienna, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic myocarditis DUE TO (b) Arteriosclerosis DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH ?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease given in PART I (a) Diabetes mellitus							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from Jan. 28, 1941 to Jan. 17, 1962 and last saw him alive on Jan. 17, 1962 Death occurred at 7:45 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE S. C. Howard (Degree or title)				22b. ADDRESS Vienna, Missouri		22c. DATE SIGNED 1/23/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/24/62		23c. NAME OF CEMETERY OR CREMATORY Visitation Cemetery		23d. LOCATION (City, town, or county) (State) Vienna, Mo.	
24. FUNERAL DIRECTOR W. C. Birmingham ADDRESS Vienna, Mo.				25. DATE RECD. BY LOCAL REG. 1-24-1962		26. REGISTRAR'S SIGNATURE Thozello Lutchman	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by me, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Th. C. Birmingham

Licensed Embalmer No.

3664

P. O. Address

Vienna, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.